

# **DELINEATION OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE**

*(For use of this form, see AR 40-68; the proponent agency is OTSG.)*

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**

**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

PRIVILEGES		
Requested	Approved	Primary Care
		a. Perform patient screening to determine need for medical care
		b. Supervise immunizations (AR 40-562)
		c. Recommend temporary profiles to include pregnancy profiles for the duration of pregnancy and standard postpartum profiles
		d. Diagnose and treat acute/minor and chronic illnesses
		e. Treat minor primary care problems in accordance with Nurse-Midwifery guidelines
Adolescent and Adult Women		
		f. Diagnose and treat gynecologic illnesses
		g. Manage care of uncomplicated obstetric and postpartum clients
		h. Perform history and physical examinations
		i. Prescribe and administer P&T committee approved medications
		j. Order routine laboratory tests
		k. Order routine x-rays and imaging studies
		l. Order other diagnostic tests (e.g., EKG, Holter monitor, 24-hr BP monitoring, sleep studies)
		m. Initiate referral to other medical, nursing, and social services
		n. Provide health maintenance and disease preventive care
		o. Perform health teaching and counseling
		p. Place outpatients in observation status
		q. Evaluate, examine and admit patients to Labor Ward
		r. Conduct postpartum ward visits and examinations
		s. Manage the care of normal (low-risk) labor and delivery patients per Nurse-Midwifery guidelines
		t. Manage the care of and discharge uncomplicated postpartum patients
		u. Manage the care of medically non-complicated women seeking contraceptive advice and interconceptual well-women care
		v. Participate in preparation for childbirth and breast feeding classes
		w. Co-manage other than low-risk labor and delivery patients in need of both medical and midwifery care
		x. Provide well women care for peri- and post-menopausal women

PROCEDURES					
Ambulatory					
Requested	Approved		Requested	Approved	
		a. Incision and drainage (I&D) of abscess			d. Skin/vulvar/perineal biopsies
		b. Local anesthesia			e. Cyst removal
		c. Cryosurgery to dermatological growths			f. Clinical pelvimetry

Requested	Approved	Ambulatory (Continued)	Requested	Approved	Inpatient (Continued)
		g. Pap smear for cytology			u. Normal spontaneous delivery from OA or OP positions
		h. Microscopic examinations			v. Cervical inspection
		i. Conduct and interpret electronic fetal monitoring (e.g., NST, OCT, intrapartum surveillance)			w. Manual removal of placenta
		j. Perform and interpret limited third trimester obstetrical ultrasound tests			x. Uterine exploration and gauze "curettage"
		k. Select and insert intrauterine contraceptive device for parous women			y. Bimanual compression for postpartum hemorrhage
		l. Insert and remove Norplant (or comparable) device			z. Resuscitation to include intubation of newborn
		m. Remove intrauterine device			aa. Repair lacerations:
		n. Measure for amniotic fluid index			(1) Cervical
					(2) Third degree
					(3) Fourth degree
					(4) Vaginal
					(5) Labial and periurethral
					ab. Provide lactation education and support
					ac. First assist for Cesarean section (C-section)
COMMENTS					
		SIGNATURE OF PROVIDER		DATE (YYYYMMDD)	
SECTION II - SUPERVISOR'S RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications (Specify below) <input type="checkbox"/> Disapproval (Specify below) <input type="checkbox"/>					
COMMENTS					
DEPARTMENT/SERVICE CHIEF (Typed name and title)		SIGNATURE		DATE (YYYYMMDD)	
SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications (Specify below) <input type="checkbox"/> Disapproval (Specify below) <input type="checkbox"/>					
COMMENTS					
CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)		SIGNATURE		DATE (YYYYMMDD)	



# EVALUATION OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)  FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

## SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	<b>Primary Care</b>			
	a. Perform patient screening to determine need for medical care			
	b. Supervise immunizations (AR 40-562)			
	c. Recommend temporary profiles to include pregnancy profiles for the duration of pregnancy and standard postpartum profiles			
	d. Diagnose and treat acute/minor and chronic illnesses			
	e. Treat minor primary care problems in accordance with Nurse-Midwifery guidelines			
	<b>Adolescent and Adult Women</b>			
	f. Diagnose and treat gynecologic illnesses			
	g. Manage care of uncomplicated obstetric and postpartum clients			
	h. Perform history and physical examinations			
	i. Prescribe and administer P&T committee approved medications			
	j. Order routine laboratory tests			
	k. Order routine x-rays and imaging studies			
	l. Order other diagnostic tests (e.g., EKG, Holter monitor, 24-hr BP monitoring, sleep studies)			
	m. Initiate referral to other medical, nursing, and social services			
	n. Provide health maintenance and disease preventive care			
	o. Perform health teaching and counseling			
	p. Place outpatients in observation status			
	q. Evaluate, examine and admit patients to Labor Ward			
	r. Conduct postpartum ward visits and examinations			
	s. Manage the care of normal (low-risk) labor and delivery patients per Nurse-Midwifery guidelines			
	t. Manage the care of and discharge uncomplicated postpartum patients			
	u. Manage the care of medically non-complicated women seeking contraceptive advice and interconceptual well-women care			
	v. Participate in preparation for childbirth and breast feeding classes			
	w. Co-manage other than low-risk labor and delivery patients in need of both medical and midwifery care			
	x. Provide well women care for peri- and post-menopausal women			
	<b>Ambulatory</b>			
	a. Incision and drainage (I&D) of abscess			
	b. Local anesthesia			
	c. Cryosurgery to dermatological growths			
	d. Skin/vulvar/perineal biopsies			

CODE	Ambulatory (Continued)	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	e. Cyst removal			
	f. Clinical pelvimetry			
	g. Pap smear for cytology			
	h. Microscopic examinations			
	i. Conduct and interpret electronic fetal monitoring (e.g., NST, OCT, intrapartum surveillance)			
	j. Perform and interpret limited third trimester obstetrical ultrasound tests			
	k. Select and insert intrauterine contraceptive device for parous women			
	l. Insert and remove Norplant (or comparable) device			
	m. Remove intrauterine device			
	n. Measure for amniotic fluid index			
	<b>Inpatient</b>			
	o. Augmentation of dysfunctional labor			
	p. Placement of internal fetal and uterine monitoring devices			
	q. Amniotomy			
	r. Local perineal anesthesia			
	s. Pudendal block anesthesia			
	t. Episiotomy and repair (midline and medio-lateral)			
	u. Normal spontaneous delivery from OA or OP positions			
	v. Cervical inspection			
	w. Manual removal of placenta			
	x. Uterine exploration and gauze "curettage"			
	y. Bimanual compression for postpartum hemorrhage			
	z. Resuscitation to include intubation of newborn			
	aa. Repair lacerations:			
	(1) Cervical			
	(2) Third degree			
	(3) Fourth degree			
	(4) Vaginal			
	(5) Labial and periurethral			
	ab. Provide lactation education and support			
	ac. First assist for Cesarean section (C-section)			
<b>SECTION II - COMMENTS</b> (Explain any rating that is "Unacceptable".)				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)